PAGE 314 * RCVD AT 12/13/2004 6:14:11 PM [Eastern Standard Time] * STRAUSHER TIME; * DMIS:8729306 * CSID:+650473864 * DUPATION (mm-ss):04-04 CENTRAL FAX CENTER

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EC 1 3 2004 PTO/SB/22 (12-04)
U.S. Patent and Trademark Office; U.S. DEPARMENT OF COMMERCE

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional)	
FY 2005	090/002	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		
Application Number 09/888,309	Filed	June 21, 2001
For Dopaminergic Neurons Obtained from Human Embryonic Stern Cells		
Art Unit 1632	Examiner	Anne Marie Falk
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<u>Foe</u>	Small Entity Fe	× (
One month (37 CFR 1.17(a)(1)) \$120	\$60	s(60)
Two months (37 CFR 1.17(a)(2)) \$450	\$225	s
Three months (37 CFR 1.17(a)(3)) \$1020	\$510	s
Four months (37 CFR 1.17(a)(4)) \$1590	\$795	s
Five months (37 CFR 1.17(a)(5)) \$2160	\$1080	\$
Applicant claims small entity status. See 37 CFR 1.27.		
A check in the amount of the fee is enclosed.		
Payment by credit card. Form PTO-2038 is attached.		
The Director has already been authorized to charge fees in this application to a Deposit Account.		
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 07-1139 I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the applicant/inventor.		
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		
attorney or agent of record. Registration Number40,253		
attorney or agent under 37 CFR 1.34. Regitation number if acting under 37 CFR 1.34		
STAIN	Dec 8	3/04
Date		
J. Michael Schiff	(65	50) 473-7715
Typed or printed name	Telephone Number	
NOTE: Signatures of all the invostors or assignees of record of the entire interest or their representative(a) are required. Submit multiple forms if more than one signature is required, see below.		
Total of One forms are submitted. This collection of Information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to the (and by the		

USPT to process an explication. Code particle is grady. The information is required to obtain on require a benefit by the picket which is to the face for by the picket which is to the face of by the complex, belonding playing, presenting, and exhibiting the controlled application than to in USPT CT many will very deported upon the architecture complex, belonding playing, presenting, and exhibiting the controlled application than to in USPT CT many will very deported upon the architecture controlled application than the USPT CT many of the C

If you need assistance in completing the form, call 1-800-PTO-9199 and relied ording 2.